2012-13 Nebraska Homeless Assistance Program (NHAP) BILLING FORM INSTRUCTIONS

Please complete a **2012-13 NHAP Billing Form** (Excel Spreadsheet) for each reimbursement request and submit it together with the corresponding, completed **2012 NHAP Billing Cover Sheet** via email or mail to **Courtney Parker**, NHAP, DHHS 4th Floor, PO Box 95026, Lincoln, Nebraska 68509-5026 or <u>courtney.parker@nebraska.gov</u>

- **1) Check or Invoice Number** Enter the check or invoice number or other identifying information that will allow for tracking of expenditures.
- **2) Payment Date** Enter the date the invoice was paid or the date the check or payment was issued.
- **3) Service Start Date** Enter the start date of the service as 'mm/dd/yyyy.' For example: if the cost is for staff wages-enter the start date of the pay period, if the cost is for shelter utilities-enter the start date of the billed period or if the cost is for client rental assistance-enter the start date of the rental period being paid.
- **4) Service End Date** Enter the end date of the service as 'mm/dd/yyyy.' For example: if the cost is for staff wages-enter the end date of the pay period, if the cost is for shelter utilities-enter the end date of the billed period or if the cost is for client rental assistance-enter the end date of the rental period being paid. If the service begins and ends on the same day, enter the same date for the Service Start and End dates.
- **5) Activity** Choose the appropriate Emergency Solutions Grant (ESG) Activity from the dropdown list. Here is a list of the available Activities:
 - a. **StreetOutreach**: Street Outreach-Essential Services
 - b. **ShelterServices**: Shelter-Essential Services
 - c. **ShelterOperations**: Shelter-Operations
 - d. **HPServices**: Homeless Prevention-Services
 - e. HPFinancialAssistance: Homeless Prevention-Financial Assistance
 - f. **HPRentalAssistance**: Homeless Prevention-Rental Assistance
 - g. RRServices: Rapid Rehousing-Services
 - h. **RRFinancialAssistance**: Rapid Rehousing-Financial Assistance
 - i. **RRRentalAssistance**: Rapid Rehousing-Rental Assistance
 - j. HMIS: Homeless Management Information System
 - k. IndirectCosts: Indirect Costs
 - l. **LegalServices**: Legal Services-only Legal Aid of Nebraska will select this Activity.
- 6) Cost Description Choose the appropriate Cost Description from the dropdown list. These descriptions comply with ESG-allowable costs. The following is a list of the allowable Cost Descriptions for each Activity. For more detailed descriptions, please refer to the Code of Federal Regulations Title 24 Part 576 and resources available at: http://dhhs.ne.gov/children family services/Pages/fia nhap nhapindex.aspx

a. Street Outreach - Essential Services

- i. <u>Engagement</u> costs associated with locating, identifying and building relationships with unsheltered homeless people.
- ii. <u>Case Management</u> costs associated with assessing housing and service needs, arranging, coordinating and monitoring the delivery of individualized services.
- iii. <u>Emergency Health Services</u> outpatient treatment provided by licensed medical professionals.
- iv. <u>Emergency Mental Health Services</u> outpatient treatment provided by licensed mental health professionals.
- v. <u>Transportation</u>

b. Shelter - Essential Services

- i. <u>Case Management</u> costs associated with assessing, arranging, coordinating and monitoring the delivery of individualized services.
- ii. <u>Child Care</u> child care for program participants in a licensed setting for children under the age or 13 or disabled children under the age of 18.
- iii. <u>Education Services</u> when necessary to obtain or maintain housing, the costs associated with improving knowledge and basic educational skills.
- iv. <u>Employment Assistance or Job Training</u> assistance in securing employment, acquiring learning skills, and/or increasing earning potential.
- v. <u>Outpatient Health Services</u> outpatient treatment provided by licensed medical professionals.
- vi. <u>Life Skills Training</u> costs associated with teaching critical life management skills.
- vii. <u>Mental Health Services</u> outpatient treatment provided by licensed mental health professionals.
- viii. <u>Substance Abuse Treatment Services</u> substance abuse treatment services provided by licensed or certified professionals
 - ix. Transportation

c. Shelter - Operations

- i. Maintenance, including minor repairs the total cost of the work cannot exceed \$1,000
- ii. Rent
- iii. Security
- iv. Fuel
- v. Equipment
- vi. Insurance
- vii. Utilities
- viii. Food
 - ix. Furnishings
 - x. Supplies
- xi. Shelter Management
- xii. <u>Hotel or Motel Vouchers</u> only an allowable cost if there is no appropriate shelter available.

d. Homeless Prevention - Services

- i. <u>Housing Search and Placement</u> costs associated with assisting program participants in locating, obtaining and retaining suitable permanent housing.
- ii. <u>Housing Stability Case Management</u> costs associated with assessing, arranging, coordinating and monitoring the delivery of individualized services to facility housing stability for a participant who resides in permanent housing.
- iii. <u>Mediation</u> costs associated with mediation between a participant and the housing owner or roommate when necessary to obtain permanent housing.
- iv. <u>Credit Repair</u> does <u>not</u> include payment or modification of a debt.
- e. **Homeless Prevention Financial Assistance** (cannot be provided to a participant receiving the same type of assistance through other public sources)
 - i. <u>Rental Application Fee</u> must be the same amount charged to all applicants.
 - ii. <u>Security Deposit</u> must not exceed the cost of 2 months' rent.
 - iii. Last Month's Rent must not exceed 1 month's rent.
 - iv. <u>Utility Deposit</u> must be the same amount charged to all applicants for only the utilities listed below.
 - v. <u>Utility Payment</u> up to 24 months per 3-year period, per participant, per service, including up to 6 months in arrears, per service, for gas, electric, water and sewage.
 - vi. <u>Moving Costs</u> temporary storage costs for up to 3 months between participant eligibility and movement into permanent housing, does not include storage arrearage payment.
- f. **Homeless Prevention Rental Assistance** (except for a one-time payment of rental arrears on the tenant's portion of the rent, rental assistance cannot be provided to a participant who is receiving rental assistance from another public source or is living in a publicly-subsidized unit)
 - i. Short-Term Rent assistance with up to 3 months' rent.
 - ii. <u>Medium-Term Rent</u> assistance with more than 3 months, but no more than 24 months' rent.
 - iii. <u>Rental Arrearage</u> a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.

g. Rapid Rehousing - Services

- i. <u>Housing Search and Placement</u> costs associated with assisting program participants in locating, obtaining and retaining suitable permanent housing.
- ii. <u>Housing Stability Case Management</u> costs associated with assessing, arranging, coordinating and monitoring the delivery of individualized services to facility housing stability to assist a participant in overcoming immediate barriers to obtaining permanent housing.
- iii. <u>Mediation</u> costs associated with mediation between a participant and the housing owner or roommate when necessary to obtain permanent housing.
- iv. <u>Credit Repair</u> does <u>not</u> include payment or modification of a debt.

- h. **Rapid Rehousing Financial Assistance** (cannot be provided to a participant receiving the same type of assistance through other public sources)
 - i. <u>Rental Application Fee</u> must be the same amount charged to all applicants
 - ii. Security Deposit must not exceed the cost of 2 months' rent.
 - iii. Last Month's Rent must not exceed 1 month's rent.
 - iv. <u>Utility Deposit</u> must be the same amount charged to all applicants for only the utilities listed below.
 - v. <u>Utility Payment</u> up to 24 months per 3-year period, per participant, per service, including up to 6 months in arrears, per service, for gas, electric, water and sewage.
 - vi. <u>Moving Costs</u> temporary storage costs for up to 3 months between participant eligibility and movement into permanent housing, does not include storage arrearage payment.
- i. Rapid Rehousing Rental Assistance (except for a one-time payment of rental arrears on the tenant's portion of the rent, rental assistance cannot be provided to a participant who is receiving rental assistance from another public source or is living in a publicly-subsidized unit)
 - i. Short-Term Rent assistance with up to 3 months' rent.
 - ii. <u>Medium-Term Rent</u> assistance with more than 3 months, but no more than 24 months' rent.
 - iii. Rental Arrearage a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.

j. HMIS - Homeless Management Information System

- i. Hardware
- ii. Software
- iii. License
- iv. Equipment
- v. Technical Support
- vi. Office Space
- vii. Utilities
- viii. Personnel
 - ix. <u>Travel</u> must be approved by DHHS in advance.
 - x. <u>Conference Fees</u> must be approved by DHHS in advance.

k. Indirect Costs - Must be approved by DHHS in advance

- i. Street Outreach
- ii. Shelter
- iii. Homeless Prevention
- iv. Rapid Rehousing
- v. HMIS

l. Legal Services - Only used by Legal Aide of Nebraska

- i. Shelter
- ii. Homeless Prevention
- iii. Rapid Rehousing

- **7) Paid To** Enter the name of the individual, organization, agency or business for which payment was issued.
- **8) Total Cost** Enter the total cost of the item or service.
- **9) Amount Billed to NHAP** Enter the amount of the Total Cost that is being billed to NHAP. If NHAP is being billed for the Total Cost, then both amounts should be the same.
- **10)** Number of People/Number of Days or Nights Served If more than one person or family is receiving this service or assistance, enter the total number of people. For example: if the cost includes transportation expenses for 3 individuals-enter '3 people,' if the cost is a motel voucher for 1 individual/family for 4 nights-enter '1 room/4 nights,' or if the cost is a motel voucher for multiple/individuals for multiple nights-enter each individual/family on a separate line.